

Senate Finance Committee
HB 110 – 5th Hearing
Jamie Belcher, Chair-Elect, Tobacco Free Ohio Alliance
May 19, 2021



Chairman Dolan, Vice Chair Gavarone, Ranking Member Sykes and Members of the Committee:

The Tobacco Free Ohio Alliance – a public health coalition of dozens of organizations from around Ohio – is pleased to offer our support for key tobacco control provisions in the proposed budget bill, HB 110. Tobacco use remains a leading health threat in Ohio, killing more than 20,000 Ohioans each year. Successfully reducing tobacco use will require multiple public policy strategies and that is why we are pleased to see evidence-based tobacco control policies included in the House budget and we urge the Senate to support these life-saving measures.

The Problem: The Toll of Tobacco in Ohio

Tobacco is an addictive and deadly product and tobacco use remains the nation’s number one cause of preventable death. According to the U.S. Surgeon General, smoking is a known cause of cancer of the oropharynx, larynx, lung/trachea/bronchus, stomach, liver, pancreas, kidney, cervix, bladder, colon, and acute myeloid leukemia.ⁱ In fact, smoking is responsible for an estimated 30 percent of cancer deaths in Ohio.ⁱⁱ

Smoking harms nearly every organ in the body and increases the risk for many types of cancer, heart attack, stroke, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis and other diseases.ⁱⁱⁱ People who smoke or who used to smoke are at increased risk for severe illness from COVID-19. Smoking is also a proven risk factor for cancer, COPD and heart disease, which also put people at increased risk for severe illness from COVID-19. Regardless of any association with COVID-19, the adverse health effects of smoking are well-documented and irrefutable.

Unfortunately, after years of decline, we’ve seen sharp increases in youth tobacco use nationwide in recent years, largely due to skyrocketing rates of e-cigarette use. At the same time, progress on previously declining youth use of other tobacco products, including cigarettes and cigars, stalled. Unfortunately, many young people who use tobacco do not identify the type they use as a tobacco product or do not identify the tobacco product as harmful.^{iv} Furthermore, studies have found that e-cigarette use increases the risk of youth and young adults using cigarettes.^{v, vi, vii} Here in Ohio, 4.6 percent of high school students smoke cigarettes, 5.4 percent smoke cigars, and 30 percent use electronic cigarettes.^{viii} Action is needed to reverse these trends. As the tobacco industry is evolving, the need for funding for tobacco prevention programs has never been greater.

It should be noted that the damage tobacco inflicts upon our state is not limited to death and disease. Annual healthcare costs from smoking exceed \$5.6 billion in Ohio, including \$1.7 billion to Ohio’s Medicaid program.^{ix} So, investing in tobacco prevention is a smart investment.

Increasing Funding for Tobacco Prevention & Cessation Programs

In the over 50 years since the first Surgeon General’s report on tobacco use was published, scientists and policymakers have learned a lot about what works to reduce tobacco use. The 2014 Surgeon General’s report on tobacco concluded that comprehensive statewide and community tobacco control

programs are effective in preventing and reducing tobacco use by keeping young people from becoming addicted and helping individuals who use tobacco to quit.^x

In Ohio, the comprehensive tobacco control program is currently funded at \$12 million annually,^{xi} which is just 9% of what the CDC recommends for an effective program in Ohio.^{xii} Fortunately, the proposed budget bill includes a \$2.5 million increase in tobacco prevention programs over each year of the biennium (line item # 440656), which TFOA enthusiastically supports.

To reduce the devastating health impact of cancer and other tobacco-related disease, we need to invest in programs that prevent kids from starting to use tobacco and help others who are already addicted to quit. According to projections developed by the Campaign for Tobacco-Free Kids, investing \$5 million more in tobacco prevention programs would help hundreds of youth avoid a lifetime of tobacco addiction, prevent more than 200 premature tobacco-related deaths and generate over \$15 million in health care costs savings.

Adding Vapor Products to Ohio's Smoke-free Air Policy

In 2006, Ohio voters approved restrictions on smoking in public places and places of employment. Smoke-free laws have been a big public health success, saving lives and health care dollars. They not only protect Ohioans from harmful chemicals found in secondhand smoke, but they create more environments that discourage tobacco use and encourage tobacco users to quit.

E-cigarette use has increased considerably in recent years and these products are now the most used form of tobacco in the U.S., while Ohio is among the nation's worst for its adult e-cigarette use rate. The U.S. Surgeon General has found that secondhand aerosol from e-cigarettes is not harmless and can contain ingredients that are harmful to the public's health. To protect the public's health and to discourage tobacco use, TFOA supports Section 3794.01 of HB 110 that adds e-cigarettes to Ohio's smoke-free air law.

Conclusion

Winning the fight against tobacco use in Ohio will require an ongoing commitment to evidence-based public health policies and we believe the House proposed budget takes important steps to discourage the use of tobacco in Ohio. We respectfully urge the Legislature to support these policies as we work to improve the health of Ohioans.

Thank you for your consideration of these matters. If you have questions, please contact jbelcher@scpublichealth.com.

ⁱ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

ⁱⁱ American Cancer Society Cancer Action Network. [State-Specific Smoking-Related Cancer Cases and Deaths, 2017](#). December 2020.

ⁱⁱⁱ Centers for Disease Control and Prevention (CDC). [Health Effects of Cigarette Smoking](#). Updated April 28, 2020. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

^{iv} Agaku I, Odani S, Vardavas C, Neff L. Self-Identified Tobacco Use and Harm Perceptions Among US Youth. *Pediatrics*. 2018 Apr, 141 (4).

^v U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

^{vi} National Academies of Sciences, Engineering, and Medicine. 2018. Public health consequences of e-cigarettes. Washington, DC: The National Academies Press.

^{vii} Berry KM, Fetterman JL, Benjamin EJ, et al. Association of Electronic Cigarette Use With Subsequent Initiation of Tobacco Cigarettes in US Youths. *JAMA Netw Open*. 2019;2(2):e187794.

^{ix} Campaign for Tobacco-Free Kids. The Toll of Tobacco in Ohio. Updated 2020.

^x HHS, 2014.

^{xi} The Truth Initiative, et al (2019).

^{xii} CDC, 2014.